**DIXIE SOCCER CLUB**

***Home of the Athletics***

1200 Kamato Road

Mississauga, ON L4W 1Y1

T: 905.896.1579 / F: 905.566.9435



**REQUEST FOR REFUND**

All requests for refund of registration fees shall be submitted to the Dixie S.C. in writing on the Club approved form. All requests for refund are subject to a **$50** administration processing fee and approval by the Club Registrar. Requests for refund must be submitted before the specified deadline date posted on Dixie S.C Website and Registration Form. **One Request for Refund Form per player**. No refunds will be permitted after the specified deadline date.

**(Please print clearly)**

**PLAYER’S LAST NAME FIRST NAME DATE OF BIRTH**

**PROGRAM:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REASON FOR REFUND:**

**UNIFORM RETURNED?:** YES / NO (PLEASE NOTE THAT ALL UNIFORMS MUST BE RETURNED TO PROCESS A REFUND)

**REFUND ISSUED TO (PARENT/GUARDIAN):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFUND WILL BE PICKED UP AT CLUB: YES / NO**

**REFUND IS TO BE MAILED: YES / NO**

**ADDRESS:**

**SIGNATURE: TELEPHONE:**

**By signing you agree that you have read our Refund Policy posted on the website – no refund will be processed without a signature**

**All refunds of registration fees will be processed via cheque in a timely manner.**

*FOR OFFICE USE ONLY*

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| --- | --- | --- | --- | --- |
| DATE RECEIVED | AMOUNT REFUNDED  $ | ADMIN FEE  $ | DATE OF REFUND | REFUND METHOD |